

STATEMENT TO HOUSE HEALTH POLICY COMMITTEE HEARING ON HB 5810 5/16/18

SUPPORTING HB 5810'S REPEAL OF 330.1401D, SUPPORTING A DIFFERENT REVISION OF 1401C, AND URGING THAT THE RIGHT TO INFORMED CONSENT FOR PSYCHIATRIC DRUGS BE PROTECTED BEFORE ANY OTHER MENTAL HEALTH CODE REVISIONS

Because proposed 1401c AOT commitments could and would result in Judges ordering psychiatric medications for weeks, if not months, if not years, it is unconstitutional, and does not treat recipients with dignity and respect. Proposed 1401c would violate the freedom of speech/thought, vagueness and overbreadth, substantive and procedural due process, equal protection, disability discrimination, privacy, access to justice and religious liberty. It is psychiatrists, not patients, who are the social menace to harm others under proposed 1401c, unless informed consent is protected. Crisis intervention, mental health assistance and protective custody can and should be done while respecting the right to refuse psychiatric drugs. The sad truth is that psychiatric drugs often do more harm than good, cause more illness than wellness, and create more problems than they solve. It is psychiatrists, not patients who are incompetent regarding psychiatric drugs.

The #1 mental health and AOT reform, after 1401d repeal, should be to ensure that recipients cannot be forced to consume psychiatric drugs which are harmful or counter-therapeutic for that individual. All participants in the MH Process should be taught that their function is to resolve psycho-social conflicts in a respectful and least restrictive-to-liberty manner. Providers may offer drugs, and if a patient finds a drug beneficial they will probably agree to consume it. Someday drugmakers will produce a better, safer product, until then crisis interveners must pursue alternative techniques and intervention strategies to help people with mental problems. Social conflicts and mental issues are often better resolved without psychotropic drugs or other intrusive medical procedures. The legitimate purpose of civil commitments is to protect people, not to force people to consume psychiatric drugs. The crisis of competence, quality of care, corruption, arbitrary and unethical misconduct in the MH industry is only worsened by the sort of AOT proposed in HB 5810.

HB 5810 proposed revision to 1401c would make it even more unconstitutional than it is now. Just the word "harm" without specifying the type and degree, and without any "near future" time component is NOT what is properly called an "emergency situation". Lawmakers need to understand that psychiatric or clinical judgment is a massive policy problem, not your solution. The scholarly legal literature overwhelmingly agree that the "expertise" found in commitment certifications is so deficient, so biased, and so error prone that these clinical opinions should be inadmissible in court to begin with.

Unless informed consent for psych drugs is protected, AOTs and the commitment process will look like a health care fraud racket, with systematic obstruction of justice, perjury, extortion, conspiracy, assault with toxic drugs, honest services fraud, hate crimes, and with the element of bribery and kickbacks sometimes involved. Those with serious mental illnesses will usually receive drugs labeled antipsychotic or antiepileptic drugs. AEDs have many serious harmful effects and have been rampantly prescribed to mental patients, even when the science indicates the drugs offer no benefit, and often as add-ons with APDs, which ensures nothing but an increase in risk of harm to the patient. APDs often actually worsen all mental illnesses, including psychosis, which then "justifies" more drugging.

Thank you. Sincerely, Sean Bennett (734-239-3541)
1011 Crown St., Kal. Mi 49006



7 pages

For years APDs have been known to be harmful to mental health, and to cause disability, brain damage and psychosis even in normal people. Martenson, MD, SHOULD NEUROLEPTIC DRUGS BE BANNED?, 1985, Breggin, MD, PSYCHIATRIC DRUGS: HAZARDS TO THE BRAIN, 1983. Martenson points out that APDs induce physiological changes which make the patient more psychosis prone, and takes away from the patient the higher intellectual powers needed to overcome schizophrenia and other mental illnesses. Breggin points out that APDs can destroy a person's quality of life, and cause severe distress, torment, and impaired functioning from day one on these drugs. Baughman, MD, Neurologist, says APDs are not really treatment but chemical poisons which damage the brain- increasingly with dose and time- and make it more difficult for people to adapt and adjust to life's challenges.

1401d should be repealed and 1401c revised differently because typical street level psychiatric judgment/clinical opinion suffers from a conflict of interest. Every doctor knows that the more psych drugs you prescribe, the greater the amount, the longer the duration, the more dangerous and harmful these drugs are to the patient. But while patients should want to minimize drug consumption, Drug Companies, of course, want to maximize drug consumption. Drug Companies can find out the prescribing habits of every doctor, and then decide if they want to shower the doctor with all sorts of gifts or financial payments, including travel, meals, entertainment, consulting, educational activities, ghost authorship payments, etc. Johnson and Johnson's 2.2 Billion dollar Risperdal, Invega settlement, Eli Lilly's 1.4 Billion dollar Zyprexa settlement, Abbott 1.5 Billion for Depakote, Astra-Zeneca 520 million for Serequel, Bristol-Myers Squibb 515 million for Abilify, Pfizer close to a Billion for Geodon, Lyrica, and Nerontin, cases reveal a profits-over-health attitude of staggering proportions.

This conflict of interest between psychiatric judgment and patient, is further worsened because doctors are biased to resolve psycho-social conflicts with drugs because this is their trade, the other psychotherapies are left to the other MH professionals who don't prescribe drugs. Medicalizing social problems that have other solutions is not good health care, it is unnecessary and illegal. The prescribing of Depakote to pregnant or potentially pregnant women, despite the risk of birth defects, illuminates psychiatric judgment and reasoning, as does prescribing APDs to the elderly despite the risk of death. Psychiatrists constantly and chronically overestimate drug benefits, and underestimate drug harms. Hoffman, Del Mar, JAMA INTERNAL MEDICINE, 2017. Non-consensual drugging will result in patients suffering severe mental and physical harms instead of recovery and wellness. Psychiatric prescribing judgment is typically not reliable, is not evidence-based, and is biased to favor profits over people.

Legislators should learn about the rampant corruption, fraud and misconduct endemic to the MH industry and realize that trying to make it easier to subject citizens to coerced AOTs is the last thing they should be doing. A worldwide meta-analysis of coerced out-patient treatment orders from 2006 to 2014 published in SOCIAL PSYCHIATRY AND PSYCHIATRIC EPIDEMIOLOGY concludes it does not work, does not help, and cannot be justified. Atypical APDs heart attack risk is similar to Vioxx and Bextra. 1st generation APDs are even worse. Why did it take the FDA more than 50 years to warn about this risk? APDs are so harmful to mental and physical health that they should be recalled from the market.

Many psychiatric patients in state hospitals are prescribed multiple APDs even though contrary to guidelines. An increase in the prescription of antidepressants has been accompanied by an increase in suicides. Suicide rates are considerably higher for those on APDs.

Legislators should respond to the whistleblowers on psychiatric abuses who seek accountability and to prevent future violations, rather than giving psychiatrists more trust and power over the lives of others. Legislators should work towards seeing that corrupt, dishonest, unethical psychiatrists are brought to justice, rather than enabling them to victimize the most vulnerable.

The patient who has consumed psychiatric drugs and has experienced them to be harmful, unhelpful or counter-therapeutic is the direct witness/informant on the quality and medical appropriateness of the drugs for that person. The scientific evidence overwhelmingly corroborates the truthfulness, accuracy and validity of those who report psychotropic drugs to be mentally and physically harmful rather than helpful. Antipsychotic drugs (APDs) are the primary medical treatment for those labeled seriously mentally ill, and these drugs are especially harmful to mental and physical health. Doctors who testify in court that the patient who witnesses and reports psychotropic drugs to be harmful or unhelpful is lying, or is out of touch with reality, or is thereby mentally incompetent, should be arrested and prosecuted for perjury and obstruction of justice. Doctors who testify that patients who report psychotropic drugs to be harmful or unhelpful (i.e. non-compliant or object to treatment with the drugs) should be subjected to forced out-patient or forced in-patient drugging, should themselves be arrested and prosecuted for health care fraud, assault, extortion/coercion, abuse, conspiracy, and civil rights violations.

Prosecutors, judges, and investigators should be put on notice to arrest these crooked Doctors. Prosecutors and judges who fail to see these Doctors arrested and instead collaborate in an illegal and unconstitutional effort to forcibly subject a witness/informant to the fraudulent quality of psychotropic drugs to these dangerous drugs, should themselves be arrested and prosecuted. They should be arrested for official misconduct, neglect of duty, using perjurious testimony, obstruction of justice, criminal civil rights, hate crimes, and conspiracy or accomplices to the Doctors offenses. And they should be removed from office and disbarred. Additionally, the MH Code should be reformed to assure that Doctors, prosecutors, and judges caught illegally committing persons and/or assaulting them with psychotropic drugs, should be subjected to civil liability. Until immunity from civil justice is revoked, criminal prosecution of these actors is especially important.

US Sentencing Guidelines inform us that these crimes are worse crimes when committed against disabled or vulnerable victims. Worse crimes when govt power or professional trust is abused. Worse crimes when it is part of a systemic or pervasive corruption of govt.l function or process. Worse crimes when public officials (judges, prosecuting attorneys, agency administrators) are involved. Worse crimes when force is used in furtherance of discrimination, and worse crimes when committed to facilitate or conceal other crimes.

The witnessed accounts and the uncorrupted scientific evidence on APDs reveals that the drugs are extraordinarily mentally and physically harmful and counter-therapeutic. APDs often cause great emotional distress and worsen quality of life. Historically called "major tranquilizers", APDs cause misery not tranquility. APDs can and often do cause anguish, suffering, torment, agitation, unhappiness, depression, fatigue, tiredness, stupor, social withdrawal, difficulty in concentrating and learning, impairment of memory and ability to think and communicate, and APDs can cause or worsen psychosis, suicides and violence. APDs also cause brain damage and atrophy, heart attacks, strokes, blood clots, EKG abnormalities, tardive dyskinesia, neurological damage, metabolic disruption causing diabetes and hypothermia and hormonal imbalances causing boys to grow breasts. APDs reduce life expectancy by decades, are toxic to every organ in the body, cause damage to unborn babies in pregnant women, and cause many other harms. Doctors may say these are just side effects, but the law calls them injuries/damages which require compensation/remedy.

The few Doctors admitting to sampling antipsychotic drugs have described the effects as horrific, causing severe anxiety, depression, and rendering themselves unable to function mentally. Any Doctor caught disputing the harmful counter-therapeutic quality of the drugs should be asked to take an injection of the drugs themselves. They should also be asked how much money or things of value drug companies have given them to prescribe psychiatric drugs. Drug companies pay more money to Doctors to get them to prescribe their drugs than it costs to educate every medical student in America. Psychiatrists are the highest paid off specialty. APDs are far more harmful and deadly than cigarette smoking, and are probably the worst medical fraud in US history.

Upon study, APDs look like a public health menace and forced infliction looks like a violent felony. But can it be argued that APDs are just forced on dangerous crazy people who deserve what they get? Civil commitments do not authorize the infliction of harm or punishment or the stripping of rights and dignity-this is called abuse. Civil commitments are designed to protect persons from harm, not to force them to suffer harm. The problem with forced APD drugging is that usually only the patient can know if the drugs help or the contrary, or whether benefits outweigh harms. The Doctor who says the drugs are helping when the consumer says the drugs are harming is lying, as is the Doctor who says they can predict persons will benefit from the drugs. Science now tells us that the majority of persons will gain no benefit from APDs, and the higher the dose, and the longer APDs are prescribed the more harmful they are. Prescribing APDs along with other drugs, polypharmacology(sometimes with other APDs) is very common and even more harmful and dangerous to the patient. Do we really want dishonest,(and financially biased to prescribe) Doctors to have the power to destroy the lives of patients they don't like? Doctors are ethically obligated to use drugs only to benefit health and not to harm.

HB 5810 would make 1401c clearly unconstitutional. HB 5810 proposes to reform 1401(c) by shifting to a more subjective mental illness and undefined harm standard, instead of a behavioral significant physical harm standard, based on nothing more than competent clinical opinion and a person's opposition to a treatment.

The use of state powers to judge and control thoughts and expression is exactly what is most prohibited by the 1st and 14th Amendments. "At the heart of the 1st Am. is the notion that an individual should be free to believe as he will and that in a free society one's beliefs should be shaped by his mind and conscience rather than coerced by the state." *ABOOD V DETROIT*, 431 US 209. "Our whole constitutional heritage rebels at the thought of giving govt. the power to control men's minds." *STANLEY V GEORGIA*, 394 US 557. "Regulations which permit the govt. to discriminate based on the content of the message cannot be tolerated under the 1st Am... even if the ideas are offensive or disagreeable." *SIMON & SCHUSTER V CVB*, 502 US 105. "The courts may not interfere on the grounds that they view a particular expression as unwise or irrational." *DEM PARTY V WISCONSIN*, 450 US 107. Thus HB ~~5810~~ takes 1401(c) in the wrong direction of regulating thoughts and beliefs rather than conduct. *CANTWELL V CONN.*, 310 US 296.

1401d should be repealed and 1401c revised differently because they use a person's objection to or non-compliance with treatment as a basis for commitment. A person's preference for liberty, privacy, dignity, respect, recovery-model interventions, self-determination, consumer control, person-centered planning which honors the individual's preferences, and desire not to be assaulted with notoriously harmful, intrusive and counter-therapeutic antipsychotic drugs is a preposterous and circular basis for commitment. A patient who has tried APDs and objects to them because APDs don't help him/her proves medical fraud, not that they lack understanding. 42 USC 241,242 prohibits retaliation for the exercise of constitutional rights. Psychiatric commitment or assault with harmful fraudulent psychotropic drugs because a person asserts a right to refuse the drugs, or because the individual has vastly different views than the Doctor about the quality and value of the drugs is a felony crime. "In the realm of private speech or expression, govt. regulation may not favor one speaker over another...Viewpoint discrimination is thus an egregious form of content discrimination." *ROSENBERGER V UNIV VA*, 515 US 819.

Pr 1401c must be rejected and 1401d must be repealed because they are prohibited by the Constitutions. No person can lawfully be committed to prevent "relapse" or "harmful deterioration" or undefined, unspecified "harm", especially when based on subjective opinions rather than on objective facts.

HB 5810 removes 1401c's immediate significant physical harm requirement so that it fails the 1st Am.'s serious, likely, and imminent danger test. *BRANDENBERG V OHIO*, "The substantive evil must be extremely serious and the degree of imminence extremely high before utterances can be punished", and "a solidity of evidence is necessary to make the requisite showing of imminence." *LANDMARK COMMUNICATIONS V VIRGINIA*, 435 US 819.

1401d continues to fail even worse. What other constitutional law does proposed 1401c and 1401d offend?

Substantive due process and equal protection- require a compelling/essential state interest narrowly tailored in a least restrictive manner to deprive fundamental liberties (1st Amend, bodily integrity, privacy). Psychiatric commitments are required to ensure that the degree and probability of harm is sufficiently serious to outweigh the deprivations of liberty. IN RE TORSKI, Id. 1230 "Due process and equal protection require that the standards for commitment must be (a) that the person is mentally ill and poses a serious threat of substantial harm to himself or others; and (b) that this threat of harm has been evidenced by a recent overt act or threat. DOREMUS V FARRELL, 407 FS 509,515 (1975) (3-Judge Court) It is settled that a state may not civilly commit a person unless the potential harm is great enough to justify a massive curtailment of liberty. SUZUKI V YUEN, 617 F2d 173,176 (1980) "If an individual can make a meaningful choice not to receive treatment, he must be allowed to make that choice. The state's interest in protecting him from harm does not outweigh the competent individual's right to make and carry out what is, perhaps, one of the most important decisions of his life." COLYAR v JUDICIAL COURT, 469 FS 424,432 (1979)

Vagueness- "A fundamental principle in our legal system is that laws which regulate persons or entities must give fair notice of conduct that is forbidden or required... A statute which either forbids or requires the doing of an act in terms so vague that men of common intelligence must necessarily guess at its meaning and differ as to its application violates the first essential of due process of law... regulated parties should know what is required of them so they may act accordingly... precision and guidance are necessary so that those enforcing the law do not act in an arbitrary or discriminatory way." FOX V FCC, 567 US — (2012) The lack of sufficient standards may permit officials to pursue their own personal predilections and subject persons who merit their displeasure to harsh, discriminatory, and arbitrary enforcement. KOLENDER V LAWSON, 461 US 352 (1983)

A mental health professional's prognosis of "relapse" or "harmful deterioration", or "competent clinical opinion" prediction of "harm" are impermissibly vague standards. These vague terms, depending on private conceptions, will result in arbitrary interpretation and application by the government. IN RE TORSKI, 918 NE2d 1218,1231(2009) Without more definite standards it is impossible to avoid widely differing opinions as to when a person can be civilly committed. MAYS V STATE, 68 P3d 1114,1120 (2003) The phrases are susceptible to differing interpretations. The lack of specificity in a statute authorizing interference with fundamental liberties places insufficient limits on the discretion of officials resulting in arbitrary enforcement. GOLDY V BEAL, 429 FS 640,648 (1976) (3-Judge Court) "Relapses" cannot be illegal without serious immediate dangerousness based upon objective facts not subjective opinion.

Additionally, Vagueness law requires that freedom of expression interests are affected, the statute must be especially precise, HYNES V ORADELL, 425 US 610.

Overbreadth- 330.1401(d) and 1401c also violate the overbreadth doctrine because they could be used against constitutionally protected expression, thoughts and conduct. US V STEVENS, 559 US 460 (2010) The statute must be narrowly drawn to ensure that only persons who present risk of serious injury in the near future are committed. MAYS V STATE, Id. 1120

Overbreadth becomes much worse should judges order medication under 1468. Long-term non-consensual psychotropic drugging is a violation like no other. By impairing thought and communication and damaging the brain, the drugging can violate virtually all political, social, economic, cultural rights and activities, and can impede a person's ability to protect their rights and participate in legal matters.

Involuntary psychiatric exams should be prohibited to begin with under the 5th Am. right to remain silent, and 1st Am. right not to speak. "If respondent is really a danger...the state should be able to prove it through other means." IN RE BAKER, 117 MICH App 583, Cavanagh dissenting.

The MH Code should exclude clinical/psychiatric expectations or determinations of "harmful deteriorations" or "harm" because the scientific community agrees that such predictions of dangerousness (and their methods/principles) are very unreliable -error rates 50%+, and are easily falsified, and thus not relevant and reliable as required by the rules of evidence, MRE 401, 402, 702, *EDRY V ADELMAN*, 486 MICH 634, *DAUBERT V MERRELL DOW*, 509 US 579, and due process. So-called experts, who are wrong more often than right, do not assist the trier of fact in determining dangerousness, and thus the clinical certificates relied upon in HB 5810 reforms of 1401c are not admissible in a court of law. Additionally, any probative value would pale in comparison to the danger of unfair prejudice by these financially conflicted professionals, MRE 403. Clinical prognoses of harmfulness is much less reliable than polygraph evidence which is inadmissible, over consent, in all states. Even the M.H. professions themselves have admitted that M.H. professionals have no better ability to predict dangerousness than laypersons, which means they do not have a specialized knowledge or skill that justifies their testimony on the issue. The continued participation of psychiatrists "in the legal process is a travesty." ZISKEN & FAUST, 1988,

1401c and 1401d criteria and methods of administration also offend the ADA Title 2 and Fed Rehab Act. The "direct threat" exception requires objective evidence of recent overt acts of threats of harm. The harm must be substantial, serious, or significant. Disability discrimination law also prohibits interference, intimidation or coercion of a person for exercising or enjoying their equal civil rights, 42 USC 12203(b). And state and local governments are subjected to liability, 42 USC 12202, 2000d-7 HB4674 would expose disabled persons to catastrophic and devastating harms, and loss of fundamental civil rights, based on the speculations of biased quacks. The ADA and FRA apply to all state and local policies and practices, laws and rules, services and programs. And like the Constitutional least restrictive means test, Discrimination law requires that the direct threat cannot be prevented by other means.

The state and local govts and their agencies do not have immunity and may be held liable for rights violations resulting from unconstitutional policies or practices. *MONELL V DEPT OF SOCIAL SERVICES*, 436 US 658, *SMITH V DEPT OF PUBLIC HEALTH*, 428 MICH 540. Every public official takes an oath of loyalty to the constitutions, and to do their duty to best of ability, so every official should care about knowing if policies contravene the constitutions. "There is no position which depends on clearer principles than that every act of a delegated authority contrary to the tenor of the commission under which it is exercised is void. No legislative act therefore contrary to the constitution can be valid. To deny this would be to affirm that the deputy is greater than his principal, that the servant is above his master, that the representatives of the people are superior to the people themselves, that men acting by virtue of powers may do" what is forbidden. FEDERALIST #78

There is consensus among the other states that recipient should have the right to refuse psych drugs because the drugs can be harmful and intrusive rather than medically appropriate and least restrictive. Exceptions are made for short-term (1-2 days) dangerous emergencies, and adjudication of incompetency to consent. It should be noted that the question of incompetency is different than the question of mentally ill/impaired judgment/dangerousness as in 1401c. The question of incompetency is whether the person can appraise the benefits, harms and alternatives of the drugs, and if not, then what are the most appropriate and respectful- to- wishes therapeutic options. Michigan, however, should not follow those states where these determinations are kangaroo court proceedings where the clinical judgments are usually wrong, usually biased, and usually result in forced drugging. No state has a mental health process as disrespectful of informed consent as Michigan.

Because Michigan is the worst state in protecting liability for harmful drugs, and among the worst states in permitting doctors who maliciously and illegally commit persons to evade civil justice/liability, repeal of 1401d is especially crucial, along with repeal of 1468e,i,ii, and revision of 330.1718.

Peter Gotzsche MD, DEADLY PSYCHIATRY AND ORGANIZED DENIAL, 2015, reports in affidavit that neuroleptic drugs cause irreversible brain damage and dramatically decrease people's prospects of getting back to a normal life, and the drugs often cause rather than prevent violence and suicides.

Grace Jackson MD, DRUG-INDUCED DEMENTIA: A PERFECT CRIME, 2009, reports in affidavit that anti-psychotic drugs are neurotoxic causing brain injury, destroying brain tissue, and worsening mental illnesses and cognitive decline.

Peter Breggin MD, BRAIN DISABLING TREATMENTS IN PSYCHIATRY, 2008, Antipsychotic drugs damage the brain, impair or disable mental functioning, and worsen or cause illnesses. The drugs cause brain dysfunction, a chemical lobotomy.

The supposedly new and improved, and much more expensive, 2nd generation antipsychotic drugs have been found not beneficial for persons over 40 years old [not medically appropriate], regardless of drug or diagnosis. The drugs proved lacking in both safety and effectiveness. D Jeste (past president American Psychiatric Association), et al, Journal of Clinical Psychiatry, Jan. 2013.

Assessment of the most widely used antipsychotic drugs showed that the drugs do not prevent relapses and do not benefit the vast majority of patients. Moore, Furberg. Drug Safety. Jan. 2017

Antipsychotic drugs triple the risk of sudden cardiac death. Sabine, et al, ARCHIVES OF INTERNAL MEDICINE, JUNE 2004

Meta-analysis reports about about 60% of patients did not gain any benefit from 2nd generation APDs. Leucht, et al, JOURNAL OF MOLECULAR PSYCHIATRY, 2009

44% of patients consuming APDs in study died within 10 years. Waddington, et al, BRITISH JOURNAL OF PSYCHIATRY, 1998

Serious health problems or death are much more frequent among older adults, 65+, when prescribed APDs, Rochan, et al, ARCHIVES INTERNAL MEDICINE, 2008

Joanna Moncrieff
The Bitterest Pill: The Troubling Story of Antipsychotic Drugs, 2013. The drugs cause misery, distress, diminished functioning and quality of life for about 50%. VanPutten and Marder, Behavioral Toxicity of Antipsychotic Drugs, Journal of Clinical Psychiatry, Sept 1987. APDs can cause suicidal depression, Peter Lehmann, About The Intrinsic Suicidal Effects of Neuroleptics, International Journal of Psychotherapy, 2012. APDs often worsen psychosis, Psychopharmacology, July 2013. Review of Cases Involving Psychotic Symptoms Worsened by Abilify, Rosebush, Neurology, March 1999, "The incidence and severity of dystonic reactions, akathisia, parkinsonism, and dyskinesia were comparable in the risperidone and haloperidol treated groups." Both 1st and 2nd generation APDs cause brain atrophy. Neuropsychopharmacology, March 2005.

As Psychiatrists and Drug Companies routinely subordinate the best interests of the patient to their own best financial interests, coerced drugging triggers many federal and state criminal laws. "Psychiatrists prescribe too many drugs and worse know almost nothing about how the drugs work or the underlying causes of mental disorder." Daniel Carlat MD, UNHINGED: THE TROUBLE WITH PSYCHIATRY, 2010. Dr. John Virapren, former Eli Lilly Executive, The Drug Industry is "not interested in curing any disease you may have, they are more interested in making you have disease." He was told to bribe Doctors and hide negative information on drugs. SIDE EFFECTS- DEATH: CONFESSIONS OF A PHARMA INSIDER, 2010. The psychiatric profession recoils at safer and more effective non-drug treatments because of financial conflict of interest, Loren Mosher MD. Note also, Cosgrove @ Whitaker, PSYCHIATRY UNDER THE INFLUENCE, 2015. Jerome Kassirer MD, ON THE TAKE: HOW MEDICINE'S COMPLICITY WITH BIG BUSINESS CAN ENDANGER YOUR HEALTH, 2004.